

WAGE AND EMPLOYMENT INFORMATION

Employee: _____

Date of Alleged Injury: _____

Date Hired: _____

Last Day Worked: _____

Pay Rate: Per Hour _____ Per Day _____ Per Week _____ Per Month _____

Weeks	Week Ending	No. Days	Gross Wages	Weeks	Week Ending	No. Days	Gross Wages
1.				27.			
2.				28.			
3.				29.			
4.				30.			
5.				31.			
6.				32.			
7.				33.			
8.				34.			
9.				35.			
10.				36.			
11.				37.			
12.				38.			
13.				39.			
14.				40.			
15.				41.			
16.				42.			
17.				43.			
18.				44.			
19.				45.			
20.				46.			
21.				47.			
22.				48.			
23.				49.			
24.				50.			
25.				51.			
26.				52.			

I hereby certify that the above is a true and correct account, as taken from our timebooks or payroll records, of the wages paid to the above named employee for the periods indicated.

Date _____

Employer

By: _____

Position: _____

Telephone Number: _____

Return to:
CCMSI
P. O. Box 1378
Ridgeland, MS 39158
Fax: 601-899-0160